

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-475)

SERIAL NO. 09/806,915 FILING DATE  
APPLICANT

		CLAIMS					
		AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.	IND.	DEP.
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50							
TOTAL IND.		5	0	5	0		
TOTAL DEP.		25	0	25	0		
TOTAL CLAIMS		30		30			

  

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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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